

County: La Crosse  
 BETHANY ST. JOSEPH CARE CENTER  
 2501 SHELBY ROAD

Facility ID: 1550

Page 1

LA CROSSE 54601 Phone: (608) 788-5700  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/03): 172  
 Total Licensed Bed Capacity (12/31/03): 172  
 Number of Residents on 12/31/03: 158

Ownership: Non-Profit Corporation  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 162

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		15.2
Supp. Home Care-Personal Care	No					1 - 4 Years		44.9
Supp. Home Care-Household Services	No	Developmental Disabilities	2.5	Under 65	7.6	More Than 4 Years		26.6
Day Services	No	Mental Illness (Org./Psy)	22.8	65 - 74	8.2			-----
Respite Care	No	Mental Illness (Other)	10.1	75 - 84	31.6			86.7
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	5.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.5		100.0	(12/31/03)		
Other Meals	Yes	Cardiovascular	13.9	65 & Over	92.4	-----		
Transportation	No	Cerebrovascular	15.8		-----	RNs		10.7
Referral Service	No	Diabetes	1.9	Gender	%	LPNs		8.3
Other Services	No	Respiratory	5.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	20.3	Male	32.9	Aides, & Orderlies		
Mentally Ill	No		-----	Female	67.1			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	3	25.0	340	9	9.8	149	0	0.0	0	1	2.6	173	0	0.0	0	0	0.0	0	13	8.2
Skilled Care	9	75.0	340	79	85.9	127	0	0.0	0	38	97.4	168	15	100.0	127	0	0.0	0	141	89.2
Intermediate	---	---	---	4	4.3	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	2.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		92	100.0		0	0.0		39	100.0		15	100.0		0	0.0		158	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	9.9	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.1	Bathing	0.6	58.2	41.1	158
Other Nursing Homes	1.3	Dressing	10.8	46.2	43.0	158
Acute Care Hospitals	84.1	Transferring	20.9	56.3	22.8	158
Psych. Hosp.-MR/DD Facilities	1.3	Toilet Use	17.1	41.1	41.8	158
Rehabilitation Hospitals	0.4	Eating	46.8	34.2	19.0	158
Other Locations	0.9	*****				
Total Number of Admissions	233	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	8.9	Receiving Respiratory Care		10.8
Private Home/No Home Health	29.1	Occ/Freq. Incontinent of Bladder	37.3	Receiving Tracheostomy Care		1.3
Private Home/With Home Health	18.9	Occ/Freq. Incontinent of Bowel	36.7	Receiving Suctioning		1.9
Other Nursing Homes	2.5			Receiving Ostomy Care		2.5
Acute Care Hospitals	13.1	Mobility		Receiving Tube Feeding		2.5
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	9.5	Receiving Mechanically Altered Diets		32.3
Rehabilitation Hospitals	0.0					
Other Locations	9.8	Skin Care		Other Resident Characteristics		
Deaths	26.6	With Pressure Sores	5.7	Have Advance Directives		73.4
Total Number of Discharges		With Rashes	8.2	Medications		
(Including Deaths)	244			Receiving Psychoactive Drugs		72.8

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 100-199 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86.9	92.0	0.94	87.6	0.99	88.1	0.99	87.4	0.99
Current Residents from In-County	80.4	85.9	0.94	83.0	0.97	82.1	0.98	76.7	1.05
Admissions from In-County, Still Residing	15.0	22.1	0.68	19.7	0.76	20.1	0.75	19.6	0.76
Admissions/Average Daily Census	143.8	138.9	1.04	167.5	0.86	155.7	0.92	141.3	1.02
Discharges/Average Daily Census	150.6	139.5	1.08	166.1	0.91	155.1	0.97	142.5	1.06
Discharges To Private Residence/Average Daily Census	72.2	64.3	1.12	72.1	1.00	68.7	1.05	61.6	1.17
Residents Receiving Skilled Care	97.5	96.1	1.01	94.9	1.03	94.0	1.04	88.1	1.11
Residents Aged 65 and Older	92.4	96.4	0.96	91.4	1.01	92.0	1.00	87.8	1.05
Title 19 (Medicaid) Funded Residents	58.2	55.4	1.05	62.7	0.93	61.7	0.94	65.9	0.88
Private Pay Funded Residents	24.7	32.6	0.76	21.5	1.15	23.7	1.04	21.0	1.18
Developmentally Disabled Residents	2.5	0.6	4.39	0.8	3.31	1.1	2.28	6.5	0.39
Mentally Ill Residents	32.9	36.2	0.91	36.1	0.91	35.8	0.92	33.6	0.98
General Medical Service Residents	20.3	24.3	0.83	22.8	0.89	23.1	0.88	20.6	0.99
Impaired ADL (Mean)	57.3	50.5	1.14	50.0	1.15	49.5	1.16	49.4	1.16
Psychological Problems	72.8	58.5	1.24	56.8	1.28	58.2	1.25	57.4	1.27
Nursing Care Required (Mean)	8.1	6.8	1.19	7.1	1.15	6.9	1.18	7.3	1.11